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THE BULLETIN

OF THE

Medical *and* Chirurgical Faculty of Maryland



OWNED, CONTROLLED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY SOLELY IN THE INTEREST OF THE MEDICAL PROFESSION

Vol. IX

JULY, 1916

No. 1

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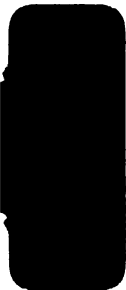
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Component Societies of the Faculty, with a list of their officers and times of meeting

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SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 P. M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

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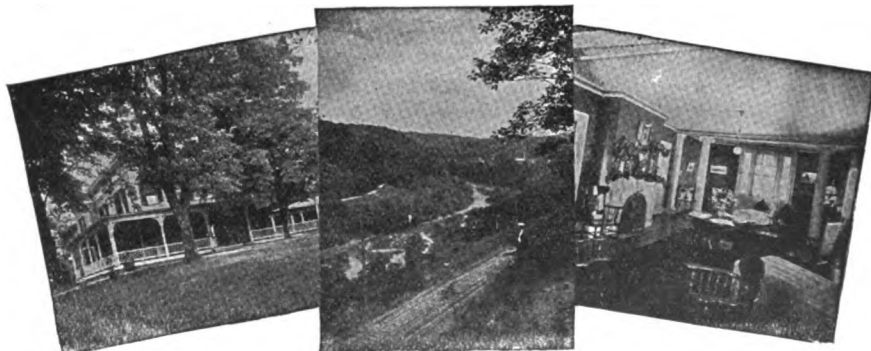
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VOL. IX

BALTIMORE, JULY, 1916

No. 1

MEDICAL PHASES OF WORKMEN'S COMPENSATION LAW.

For over a year and a half the State of Maryland has had in force a Workmen's Compensation Law. This law, in certain of its bearings, is of interest to medical men. In certain obvious ways it directly affects the financial aspects of practice among workingmen. For instance, the law provides that men injured under the conditions prescribed must be provided with medical attention by the employer or his insurer, the cost of which not to exceed \$150 in any one case, must be born by the employer or his insurer. This results in a practical certainty of financial recompense to the doctor in a class of cases where it was exceedingly uncertain before the enactment of the law. But coincident with this security of reward, are two other features of much interest. The Commission that is empowered to deal with the execution of this law has established a fee-schedule for medical services rendered under it, and has also held that the employer, as the party paying the doctor, has with certain reservations, the right to select the doctor. The patient may of course refuse to be bound by this choice, but if so, with the reservations above noted, his selection of a physician other than the one chosen by the employer relieves the latter of responsibility for the medical expenses. Without detailed discussion of the interesting side-issues raised by this condition of affairs, it may be pointed out that in obtaining security of collections for services rendered under the Compensation Act, the medical profession loses the time-honored (theoretical) right to value its own services; and the patient in obtaining his medical attention without cost to himself relinquishes

the equally time-honored right to select a physician of his own unhampered choice.

More important perhaps than the obvious financial aspects of the law to medical men are certain changes and improvements that it may be expected to stimulate in the practice of medicine. There is every probability that certain men will develop this form of practice, which is almost entirely surgical, into a specialty, or at least will do so much of it that it will take up most of their time. In Baltimore, this tendency may already be clearly observed and will probably become increasingly pronounced. Indeed, the fees allowed are relatively so small, that only by doing a volume of this type of surgery can sufficient income be attained to make it worth doing at all from the financial view-point. The economic pressure, both from the workman, where wages are reduced by his period of disability, and from the employer who is paying part wages and medical expenses during this period, will constantly force the surgeon doing this work to seek improved methods of treatment that may hasten recovery. The study of wound healing and tissue repair in general should be greatly stimulated, and the follow-up of the cases, now made necessary by the provisions of the law, should give a very exact idea of period of disability for various lesions under present methods of treatment, and make the determination of alleged improvement with new methods quite accurate. Among such methods, new in any large sense to Baltimore, is the Zander apparatus, for the restoration of function in contractures, stiffened joints etc. With the number of such cases now urgently pressing for shortened disability and the number of surgeons engaged in Compensation work, it would seem natural to expect a movement for the establishment of a Zander Institute of some sort in the city. Not only the local cases but those throughout the state might be expected to utilize such facilities, should they be provided. A similar development of interest in plastic surgery, bone work, and the study of occupational diseases may be looked for.

In the handling of large numbers of cases under the new law there will inevitably come up for decision a certain small percentage in which the question of malingering, of antecedent defect, illness, or injury, and of complication of illness and accident as causes of disability, will be difficult to solve. Of course this decision rests with the Commission, which has at its disposal the advice of its own physician, employed for that purpose among others. It is conceivable, however, that this physician might desire to consult the opinion of the other surgeons who are largely engaged in treating such cases. For the purposes of exchange of opinion, of study and comparison of methods, of improvement of facilities, etc., an organization of the surgeons interested in Compensation work would seem to be of obvious advantage.

REPORT OF ADDRESS ON THE ARTIFICIAL PRODUCTION OF MONSTROSITIES¹

BY DR. E. R. STOCKARD

Cornell University Medical School, Ithaca, New York

Dr. Stockard said in part as follows: The general question of growth and development is a complex one and involves a number of changes and processes that are not as yet very thoroughly understood. For instance, how the egg gives forth a chick has been the subject of study for more than a hundred years and is not yet clearly analyzed. Never the less a number of apparently simple processes are looked upon as mysterious. Looking at the whole question from an analytical standpoint the first thing to consider are the influences that act to produce the normal individual. We may consider normal development as the result of two influences—the external and internal factors. The external factors, or the conditions surrounding the embryo, can be modified by experiment; and whenever these factors are sufficiently altered the embryo develops subnormally. I may say that there is no method known at present by which the external factors can be so changed as to produce an individual better than normal—a supernormal individual. The only possible way of producing such an embryo at present would be by the selection of especially fine germ cells.

I shall this evening very briefly describe a series of experiments I have been conducting during the past ten years concerning embryonic development both within and outside of the mother's body. In the first case monsters, such as occur among humans, are produced; and these experiments with eggs developing outside the body of the mother demonstrate the fact that these types of monsters may be produced without any possibility of an influence of the mother's mind acting upon the developing individual. I will show first slides of fish embryos, that have been chemically treated.

Slide 1. Slide showing the celebrated cyclopean type in a fish embryo a monster with only one eye in the middle of the face.²

Slide 2. The same condition in other embryos, illustrating the different degrees of cyclopean defect—which are always of course monsters monophthalmic asymmetrical.

Slide 3. Showing an individual, produced in exactly the same way, with three eyes—really a double-headed monster, with an eye belonging to each of the two heads and one eye common to the two heads.

¹ Address delivered at the Annual Meeting of the Medical and Chirurgical Faculty of Maryland. April 26, 1916.

² For illustrations see various articles previously published by Dr. Stockard.

Slide 4. Illustrating the different types produced by one and the same agent. The same agent does not always give the same defect, and many different chemical agents are capable of giving the same defect. These individuals may vary from a three-eyes monster to a perfectly eyeless or anophthalmic monster.

Slide 5. Showing the monster monophthalmic condition, with the different degrees of degeneration of the eye on the opposite side.

Slide 6. These same types may be produced in other species. Those of a little higher grade are the birds, including the chicken. This slide, of a chick embryo, shows a typical monophthalmic and asymmetrical monster which was produced by impregnating certain fumes into the atmosphere about the egg, which penetrated through the covering and acted on the embryo within.

Slide 7. Three views of a chick embryo almost at the time of hatching, with a normal eye on one side and on the other no eye at all. The eyeball is here lacking and the absence of the eye makes the beak crossed, so that there results a monster, with deformed head. Many such monsters may be produced by placing hen's eggs in the fumes of alcohol for from 2 to 4 hours.

Slide 8. Showing a human monster of this type—the ordinary cyclopean defect—in which the eyes are of the double or hour-glass type, with the nose above and in the center of the forehead.

Slide 9. After having seen that one may modify the environment about an egg that develops externally, then the question arises whether or not it is possible to do the same thing in the case of a mammal or man. This of course is an entirely different proposition, because the egg cannot be placed in a bowl or subjected to fumes. But cannot exactly the same thing be done by producing an abnormal chemical environment through poisoning the blood of the mother? When the mother's blood is poisoned by toxins the embryo must be subjected to these poisons, and may develop into a monster. In order to carry out this experiment I have treated guinea pigs with the fumes of alcohol and of ether. This experiment has been in progress for about 5½ years, so that the animals have been observed over long periods of time and for many generations. The process does not injure the individual treated in any way to inconvenience its health, but acts on the young to which it gives rise and the degenerate condition of the offspring is transmitted to the great-grandchildren and the great-great-grandchildren of the alcoholized animals.

Slide 10. Showing the form of cage used, being only a fume tank with wads of cotton soaked with alcohol or ether. The animal is allowed to inhale the fumes until it becomes intoxicated.

Slide 11. Slide of the same contrivance, showing how handling is

avoided during pregnancy so that there can be no question of any injury to the young occurring in this way. All of these experiments are controlled by normal animals.

Slide 12. Table to show that when a guinea pig has been treated with alcohol for an hour or a fraction of an hour a certain amount of alcohol is found in the blood of the mother and that an almost equal amount is also found in the blood of the foetus; in the tissue of the mother and the tissue of the foetus there are almost equal amounts of alcohol.

Slide 13. Table giving a general summary of this experiment. We now have about 1300 recorded offspring resulting from 900 matings. The table shows the influence of the treatment—alcoholic fathers and normal mothers, alcoholic mothers and normal fathers, and double alcoholic mates. Of 180 matings of alcoholized animals 38 per cent have given early abortions; 12 per cent have given still-born litters, and 50 per cent produced living litters. Of this 50 per cent of living litters 125 offspring died at full term and only 93 lived. In the controls 32 died and 154 lived, so that the mortality in treated animals is very far above that in normal animals. It is most interesting to see whether the 93 living young of the treated animals give origin to defective young, although they themselves are never treated with alcohol. If the second generation which is never treated with alcohol be mated in different combinations the result is always bad, with in every case a high percentage of abnormal individuals—some with absence of the eyes, some with one eye on one side and none on the other; paralysis of the fore, hind, or all legs; paralysis agitans, and deranged nervous system.

Slide 14. Table. Normal guinea pigs as a rule produce litters of two individuals, which are usually very strong. In litters of two individuals about 87 per cent survive; whereas in litters of one about 86 per cent survive, and in litters of three only 61 per cent survive; so that in normal animals litters of one or two are much stronger than litters of three. But in alcoholic animals a litter of one produces a strong animal. Sixty-four per cent of these animals lived; whereas in litters of two only 50 per cent lived, and in litters of three only 22 per cent are capable of surviving. If we take an inbred alcoholic there are no litters of four; in litters of one 76 per cent survive, but in litters of two only 26 per cent survive—a difference of 50 per cent.

Slide 15. Table giving a general idea of the rôle of sex in these experiments. An alcoholic father has more affect on his offspring than an alcoholic mother—in other words, the male spermatozoa is more affected by the treatment than the female ovum. The features of the father are shown in the daughters, those of the mother in the sons. An alcoholic maternal grandfather is the worst possible forebear an animal can de-

scend from, deformities from such a descent in the sons are only 2.64 per cent; whereas in the daughters they are 12.5 per cent, or a percentage five times as high in the daughters as in the sons.

Slide 16. Diagram explaining why the daughters are more affected than the sons. The male spermatozoa are supposed to be of two types—one with a large x chromosome producing the female, and the other with a small y chromosome producing the male. The cells producing the females are more affected by the alcoholization than those producing the male. This is evidenced by the fact that the daughters and their heterogenous descendents have a higher mortality and more deformities than the sons and their descendents.

Slide 17. Two guinea pigs, a male and a female, born in the same litter: this was a litter of three. They have four alcoholic great-grandparents on the mother's side. The father was a normal Albino; the mother a black-and-red degenerate, all of her grandparents alcoholic. The father can be seen through the albino daughter, which was practically normal at birth, weighing 90 grams. The male, which you will see has the appearance of the mother, weighed only 37 grams at birth. The other individual of the litter was intermediate between the two, and being a male, resembled the mother, an alcoholic, and weighed only 66 grams at birth. This shows how in the same litter one may get very striking differences in the individuals on account of the difference in the germ-cells they arise from.

Slide 18. Two guinea pigs, one a month younger than the other, one from normal parents, the other from an alcoholic father.

Slide 19. Two animals on day of birth, one from normal parents, the other from alcoholic great-grandparents. The second had paralysis agitans and died about two days after birth.

Slide 20. An animal from alcoholic grandparents with paralysis of the right side.

Slide 21. The same condition on the left side in an animal also descended from alcoholic ancestors.

Slide 22. An animal with paralysis in all four limbs and cannot hold up its head.

Slide 23. Showing an interesting defect, an absence of certain bones of the hind feet, in one of which there is only one toe present and in the other one toe and a rudimentary second toe. This absence of certain bones is a defect which is sometimes found in the human race.

Slide 24. Showing a normal foot, for comparison with Slide 23.

Slide 25. A human monster that was described as a chicken-winged child, supposedly because the mother during pregnancy had looked at a pet chicken which had been killed and picked, which made such an im-

pression upon her that at the birth of the child this monster was produced. But instead of any such mysterious cause of the deformity it was actually due, I think, to the fact that the father was a degenerate—an epileptic and an alcoholic.

Slide 26. Among the defects produced in these guinea pigs are also the types shown in the fish and chicken embryos treated with chemicals. This picture shows two sides of the same animal one showing a normal eye and the other a perfectly opaque, half-sized eye.

Slide 27. Two views of another individual, which is a perfect monster monophthalmicum asymmetricum, with one perfect eye on one side and absolute absence of the eyeball on the other, where the eye-socket and lachrymal glands are present. This is the same type of monstrosity seen in the chick and fish embryos. The deformity came through the father, who had two alcoholic grandfathers.

Slide 28. Showing the complete anophthalmic condition with no eyes at all.

Slide 29. Ventral view of the brains of an individual of this type and of a normal individual. In the normal brain can be seen the optic tract and chiasm. In the accompanying section—the brain of an individual in which the eyeballs are absent—this is a condition that was present from the very beginning of development. Here there is no sign of the optic nerves, no optic chiasm and no optic tract. The membrane of the base of the brain sends out two processes as though running out from the optic nerve, but there are no nerve fibres in the processes and they have nothing to do with the optic fibres.

One has no right perhaps to say that these conditions can be produced in man; but there is certainly a possibility that some human monsters are the result of influences similar to those which produced these deformities, and are not due to mystical or hypothetical causes.

MEMOIR.

DR. THOMAS ALMOND ASHBY.

The death of Dr. Thomas Almond Ashby at his home, 1125 Madison Avenue, on June 26, causes the removal from among us of another personage very closely identified with the Faculty and with medical education.

He was born in Front Royal, Virginia, November 18, 1848; took his academic course at Washington and Lee University and was graduated in medicine from the University of Maryland in 1873, to which institution he was called to fill the chair of gynecology after acceptable service

in the same capacity in three other medical colleges in the city. He filled this position up to the time of his death.

His activities in medical journalism in Baltimore, his great service in organizing medical societies and his ability in restoring life to those already in existence, were so well known that he was looked upon as the man of all others most successful in bringing together his professional brothers as members of harmonious and useful organizations.

He occupied every place of honor which could be bestowed upon him by the medical profession of this state and was widely known and highly revered by medical men—many being his former pupils—in all parts of the country.

His constructive work for public health, improved hospital facilities and advanced medical education during his term in the Maryland legislature and on all occasions when he could lend his influence for good, will always be remembered and occupy a large place in the history of our state.

MEDICAL NOTES

The State Board examinations were held in Osler Hall during the week of June 19.

Dr. N. M. Keith, member of the Brady Urological staff at The Johns Hopkins Hospital, is serving with the Harvard unit on duty in France.

Dr. G. G. Snarr was recently appointed medical superintendent of Franklin Square hospital.

The new house staff of St. Joseph's hospital is composed of the following men all of whom are graduates of the University of Maryland: Drs. W. F. O'Malley, H. Merkel, C. W. Meyers, T. L. Johnson and S. R. Hanigan. Dr. E. M. G. Reiger is chief resident.

An ordinance granting the Union Protestant infirmary permission to build a new hospital at the northeast corner of Calvert and Thirty-third streets was recently offered in the First Branch of the City-Council. It was given its first reading under suspension of the rules and referred to the Board of Estimates. \$50,000 is reported to be the price paid for this property. No disposition as yet, has been made of the hospital building on Division street.

Dr. H. R. Carter, superintendent of the United States Marine Hospital, will accompany Surg. Gen. W. C. Gorgas on an expedition to South America. The party goes under the direction of the Rockefeller Foundation for the purpose of eradicating yellow fever from the countries in which it is said to be prevalent.

Dr. Elizabeth Hurdon, Baltimore, has gone to England where she will spend an indefinite time at her home.

In an address delivered before the Maryland State Dental Association by its president, Dr. B. M. Hopkinson, an urgent appeal was made to the city to establish

enough dental clinics to look after the teeth of public school pupils. An appropriation of \$5000 for the establishment of one clinic was made last year.

The annual conference of the Baltimore and Ohio Railroad Surgical Association was held in Philadelphia, June 8. About 500 surgeons employed by the company were in attendance.

Under the auspices of the Maryland Tuberculosis Association, an automobile campaign is being carried on throughout the state this summer. The work is under the direction of Dr. W. C. Stone, Deputy State Health Officer. Demonstrations by moving pictures form part of the exhibit.

A bulletin telling of the necessity of destroying flies, waste matter and garbage was issued by the City Health Department, June 4. Other pamphlets instructing in important sanitary measures will be issued throughout the summer. This instructive campaign is also being taken up by various county medical societies.

The first annual dinner of the Baltimore Roentgenological Society was held at the Baltimore Country Club on June 23. The following out of town guests were present: Captain A. C. Christie U. S. A.; Dr. Thomas A. Groover; Dr. John Hunter Selby; Dr. H. E. Simons; all of Washington, D. C. Dr. F. H. Baetjer is president of the association, and Dr. Henry Janney Walton is secretary.

The House staff of Mercy Hospital has recently formed a society for the purpose of scientific meetings, reading of papers and presentation of cases. The meetings will be conducted by the House staff and will take place each month; the visiting staff, who are Honorary members will open the discussions. All former Residents of the Hospital have been elected alumni members. The officers are: Chairman, Dr. Erwin E. Mayer, vice-chairman, Dr. Richard B. Shea, Secretary, Dr. Thomas K. Galvin.



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THE BULLETIN

OF THE

**Medical and Chirurgical Faculty
of Maryland**

Vol. VIII

July 1915—June 1916

BALTIMORE

1916

INDEX TO VOLUME VIII.

Address of Welcome, by Dr. Daniel B. Sprecher, President of the Carroll County Medical Society (Semi-Annual Meeting).....	89
Address by Dr. J. W. Humrichouse, President of the Medical and Chirurgical Faculty (Semi-Annual Meeting).....	89
Address by Rev. T. H. Lewis, President of Western Maryland College (Semi-Annual Meeting).....	73
Book and Journal Club.....	165
Remarks at a Meeting in Regard to Prof. Nathan Ryno Smith.....	163
Report of Address March 22, 1916, Given by Dr. Wm. H. Welch, on Medicine in the Orient.....	196
Book Reviews.....	99, 100, 128, 172, 191, 224, 245
Committee on Public Instruction, by Dr. S. J. Fort.....	135
Copy of Prescription Placed Over Desk in Reading Room of the Library of the Western Maryland College, Westminster, where Semi-Annual Meeting was Held, October 28, 1915.....	80a
Copy of the Resolution Passed by the Southern Medical Association at Dallas, Texas, November 8 to 11, 1915.....	97
County Society Meetings:	
Allegany County.....	151
Anne Arundel County.....	151
Baltimore County.....	126, 167
Caroline County.....	126
Cecil County.....	151
Cumberland Valley Medical Association.....	65
Washington County.....	17, 65, 126, 151, 168, 243
Deaths:	
Howard, Dr. J. H.	
Moseley, Dr. William Edward	
Spratling, Dr. William P.	
Taneyhill, Dr. G. Lane.....	170
Diagnosis of Malignancy in the Mammary Gland, by Dr. A. C. Harrison....	130
Dispensary Abuse and Certain Problems of Medical Practice, by Dr. J. W. Williams.....	229
Editorials:	
Advertising in the BULLETIN.....	44
Annual Meeting Plans.....	129
Baltimore City Medical Society to Resume Meetings.....	56
The Big Trial.....	195
Bureau of Communicable Diseases, State Department of Health.....	179
Can Dr. Baldy's Criticisms be Applied to Maryland Hospitals?.....	173
The Changes in Officers for 1916.....	101
Correspondence Relative to Physicians' Office Buildings in Various Cities.	56
Dr. David Streett.....	47

Editorials—*Continued*:

Dr. W. L. Rodman.....	175
The "Doctor's" Club.....	46
The Editor's Plan for the BULLETIN.....	102
Introduction of Modern Medicine in China.....	193
"Is American Vitality Waning?".....	69
Loss of an Active Member, Dr. G. Lane Taneyhill.....	155
The McCusker Bill.....	155
Medical Partnerships—So-Called Group Plan.....	226
Physicians' Defense of the Medical and Chirurgical Faculty of the State of Maryland.....	88
Proposed "Medical Building".....	19, 55
A "Ramble".....	43
Remember Your Friends.....	45
Resume of Ten Years of Growth.....	81
The Samuel D. Gross Prize.....	195
The Semi-Annual Meeting.....	23, 44
Trained Nurses in Their Relation to the Attending Physician, the Patient and the Patient's Family.....	1, 156
The Vice Commission's Investigation.....	153
A Visit to the American Medical Association's headquarters in Chicago..	46
Warning.....	225
The Westminster Meeting.....	73
Working Hours of Trained Nurses.....	44
Fort, Dr. S. J., The Committee on Public Instruction.....	135
Gottlieb, Dr. Mark J., and Oppenheimer, Dr. Seymour, Pollinosis (Hay fever) a Consideration of Its Treatment by Active Immunization.....	3
Harlan, Dr. Herbert, National Board of Medical Examiners.....	140
Harrison, Dr. A. C., Diagnosis of Malignancy of the Mammary Gland.....	130
Humrichouse, Dr. J. W., Address (Semi-Annual Meeting).....	89
Hurd, Dr. Henry M., Nathan Smith, Nathan R. Smith, Allan P. Smith, Three Generations of a Medical Family.....	157
Inguinal Hernia Viewed from the Present Day Medico-Legal Aspect, by Dr. R. W. Locher.....	180
Lewis, Rev. T. H., Address (Semi-Annual Meeting).....	73
Janeway, Dr. Theodore C., Management of Patients with Chronic Renal Disease	103
LaGarde, Dr. Louis A., The National Board of Medical Examiners.....	176
Locher, Dr. R. W., Inguinal Hernia Viewed from the Present Day Medico-Legal Aspect.....	180
Management of Patients with Chronic Renal Disease, by Dr. Theodore C. Janeway.....	103
Medical and Chirurgical Faculty:	
Appointments of Committees, 1916.....	96
Directory.....	207
Minutes of the General Session.....	23
Minutes of the House of Delegates.....	25
Minutes of the Semi-Annual Meeting.....	96
Medicine in the Orient, by Dr. William H. Welch.....	196
Memoir—Dr. St. Clair Spruill.....	17

Miller, Dr. Victor D., Jr., The various activities in Washington County Relating to Public Health Education.....	91
National Board of Medical Examiners, by Dr. Herbert Harlan.....	140
National Board of Medical Examiners, by Dr. Louis A. LaGarde.....	176
New Items.....	127, 152, 171, 190, 205, 243
Cambridge Health Conference.....	41
Dr. E. L. Trudeau.....	128
Office Systems.....	54
Public Health Exhibit at the Maryland Agricultural College.....	54a
Novak, Dr. Emil, The Work of the Faculty's Public Instruction Committee..	134
Oppenheimer, Dr. Seymour, and Gottlieb, Dr. Mark J., Pollinosis (Hay fever) a Consideration of Its Treatment by Active Immunization.....	3
Pollinosis (Hay fever)—a Consideration of its Treatment by Active Immunization, by Dr. Seymour Oppenheimer and Dr. Mark J. Gottlieb.....	3
Recent Accessions to the Library.....	76
Reports:	
Board of Trustees.....	28
The Council.....	29
Committee on Medical Education.....	34
Delegates to the American Medical Association.....	29
John M. T. Finney Fund Committee.....	33
Librarian's Report.....	30
Library Committee.....	30
Memoir Committee.....	35
Secretary's Report.....	28
Treasurer's Report.....	28
Widows and Orphans Committee.....	41
Retrospect of a Decade, by Dr. John Ruhräh.....	82
Ruhräh, Dr. John, Retrospect of a Decade..	82
Smith, Nathan, Nathan R., Allan P., Three Generations of a Medical Family, by Dr. Henry M. Hurd.....	157
Society Notices:	
Baltimore City Medical Society.....	98, 122, 126, 147, 166, 189, 243
Mental Hygiene Society.....	170
Baltimore City Medical Society, Section on Neurology.....	66, 98
Baltimore City Medical Society, Section on Ophthalmology and Otology.....	150, 166
University of Maryland and College of Physicians and Surgeons Medical Society.....	169
Sprecher, Dr. Daniel B., Address of Welcome (Semi-Annual Meeting).....	89
State Board of Medical Examiners:	
Official Summary of Examinations, June 1915.....	48
Official Summary of Examinations, December 1915.....	142
Questions, June 1915.....	51
Questions, December 1915.....	143
Treasurer's Financial Statement.....	185
Various Activities in Washington County Relating to Public Health Education, by Dr. Victor D. Miller, Jr.....	91
Welch, Dr. William H., Medicine in the Orient.....	196
Williams, Dr. J. W., Dispensary Abuse and Certain Problems of Medical Practice.....	229
Work of the Faculty's Public Instruction Committee, The, by Dr. Emil Novak	134

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CONTENTS

Medical Phases of Workmen's Compensation Law.....	1
Report of Address on the Artificial Production of Monstrosities.....	3
Memoir.....	7
Medical Notes.....	8

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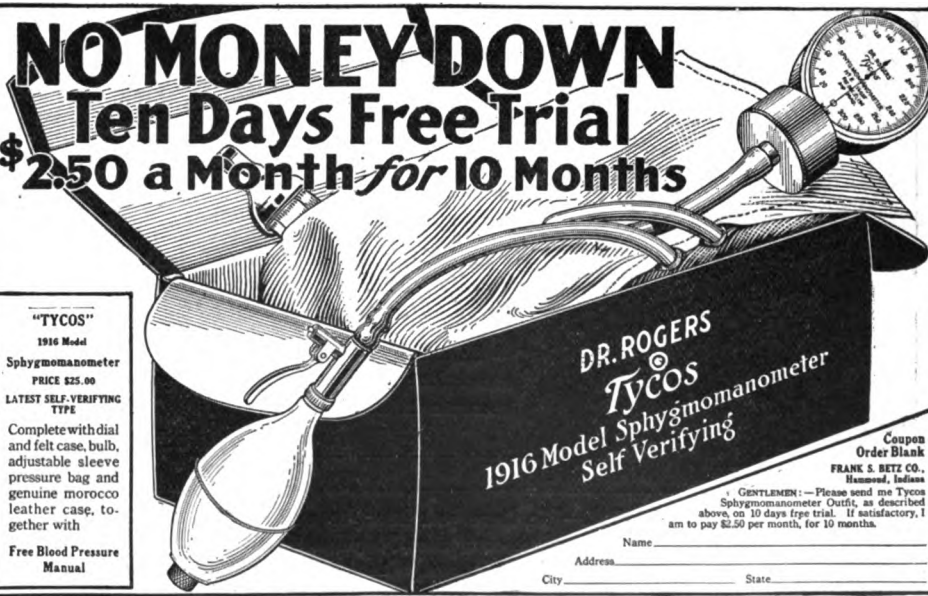
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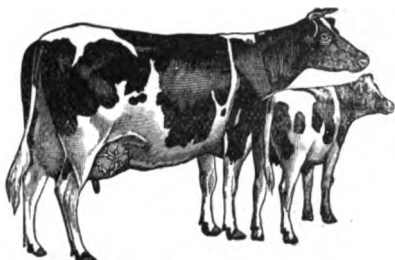
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YOUR EDITOR

Which Mineral Oil is Best for Medical and Surgical Use ?

1.. That oil which is free from paraffin and all toxic, irritating or otherwise undesirable elements, such as anthracene, phenanthrene, chrysene, phenols, oxidized acid and basic bodies, organic sulphur compounds and foreign inorganic matter; because an oil of such purity will pass through the gastro-intestinal tract without causing irritation or other untoward effects.

2. That oil which possesses the highest natural viscosity, with the highest specific gravity, because such an oil will pass through the intestine more slowly than a lighter and thinner oil and lubricate the walls of the gut more completely, and soften faeces more effectually, and is not likely to produce dribbling.

3. That oil which is really colorless, odorless and tasteless, because palatability favors persistence in treatment.

The oil which meets all these requirements is

Liquid Petrolatum, Squibb Heavy (Californian)

It is a pure, colorless, odorless and tasteless Mineral Oil, specially refined under our control only by the *Standard Oil Company of California* which has no connection with any other standard oil company. This oil has the very high specific gravity of 0.886 to 0.892 at 15°C. (or 0.881 to 0.887 at 25°C.) and has also an exceptionally high natural viscosity. It is sold solely under the Squibb label and guaranty and may be had at all leading drug stores.

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